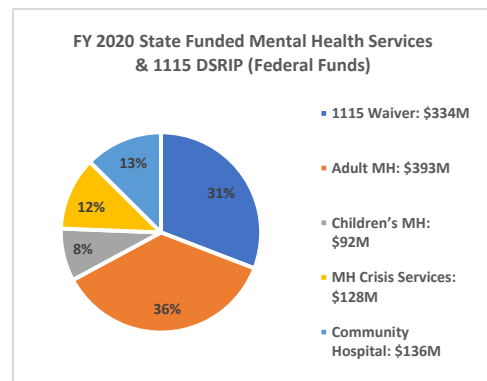


Focused Approach to Building Value for Texans with Serious Mental Illness

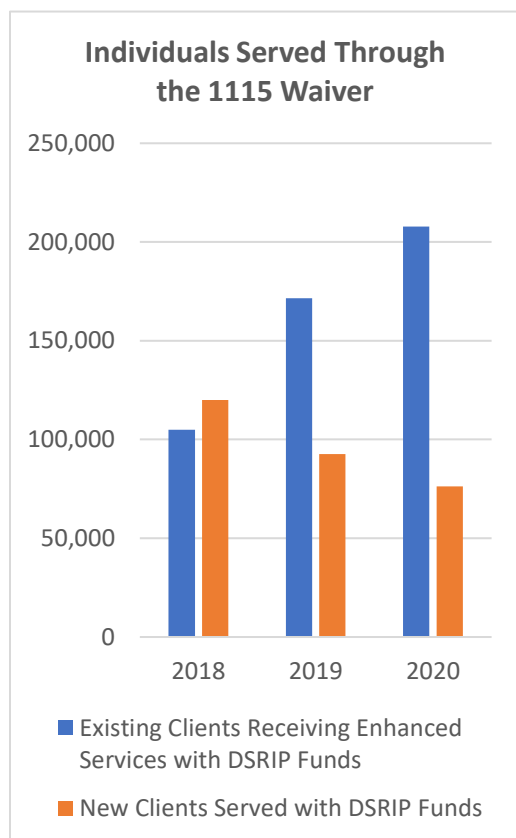
The 1115 Delivery System Reform Incentive Payment (DSRIP) program has been a game-changer for behavioral health care in Texas, advancing services for persons with serious mental illness (SMI), including people with co-occurring conditions of substance use disorders, intellectual disabilities and chronic health conditions.

With the current 1115 DSRIP program slated to end in October 2021, Texas must determine how to maintain the accomplishments and continue to make progress across our system to ensure that people with SMI are able to access coordinated care.



Barriers to Care

- Many individuals with SMI are uninsured and at high risk of engaging with the most expensive parts of the system, including emergency care and criminal justice involvement.
- SSI eligibility is the primary path to Medicaid for people with SMI, but can take years and requires a disability determination.
- Current Medicaid rates do not adequately address the cost of service and cannot sustain efficient and effective mental health treatment.
- Adults with SMI do not have a distinct Medicaid eligibility type, which makes identification and care coordination difficult in managed care.



The 1115 Waiver mobilized communities across Texas in efforts to plan, build and link local systems of care to increase access to behavioral health services – both enhancing services for people already in state funded mental health services and expanding capacity for new people accessing care.

In DSRIP programs operated by Community Mental Health Centers, the nonfederal share of Medicaid is covered through an Intergovernmental Transfer (IGT) financing strategy, funded largely by state general revenue (GR). In the new financing structure proposed by the Texas Council, the nonfederal share would be covered with the same state GR, but financed through managed care.

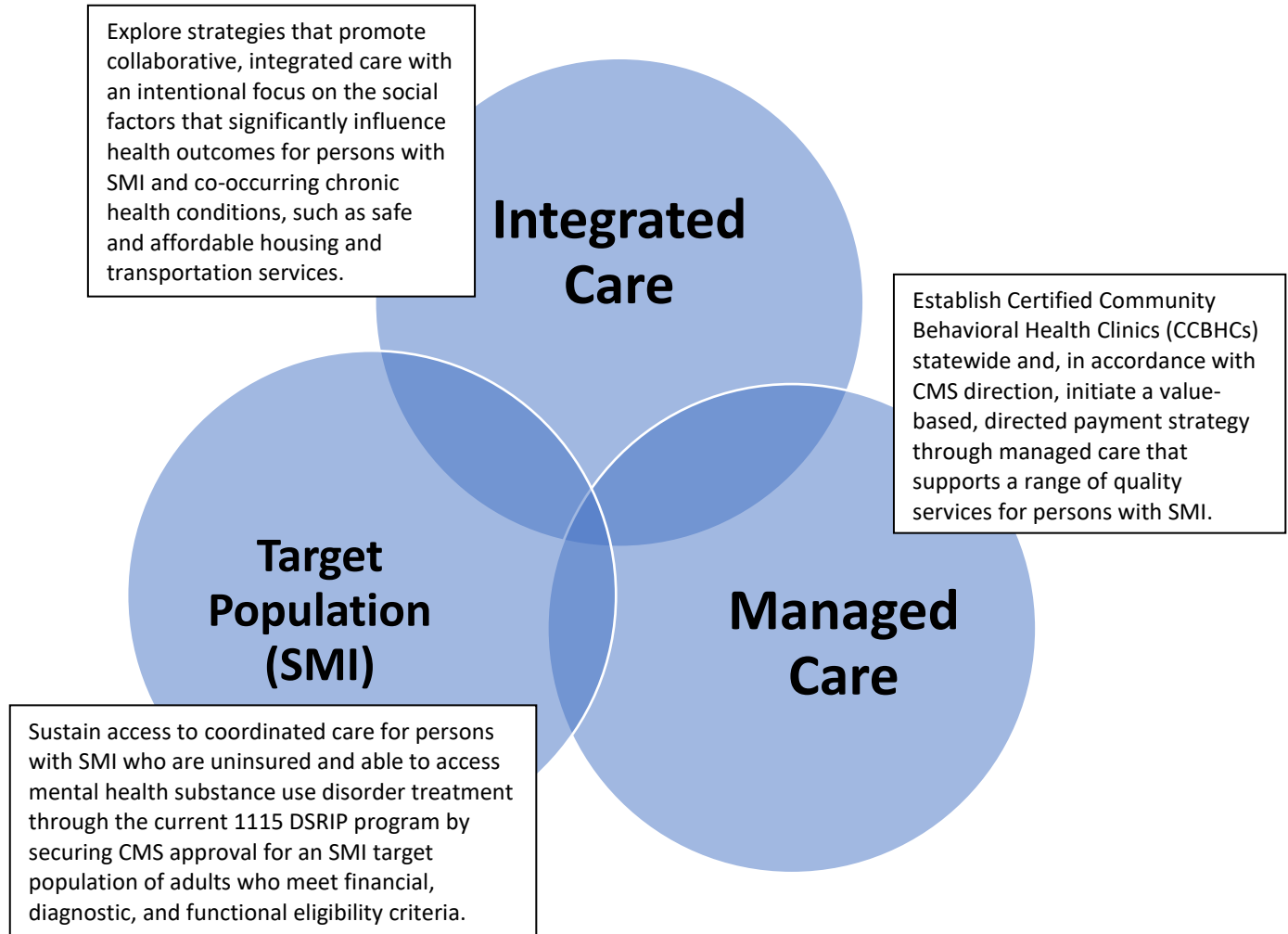
The Texas Council of Community Centers recommends a focused approach to designing a sustainable system of care for adults with SMI, one that improves health outcomes and slows the growth of overall healthcare costs.

By creating a target population for adults with SMI and establishing statewide access to Certified Community Behavioral Health Centers (CCBHCs), Texas will experience decreases in uncompensated care, inappropriate use of the emergency department, inpatient utilization, potentially preventable readmissions, and inappropriate use of jails

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and other criminal justice resources.¹ Ready access to the right care at the right time and place is better for the individual, the community, and all levels of government.

All three components of the approach recommended by the Texas Council are necessary to achieve sustainability and create a Texas-specific behavioral health strategy that will bend the cost curve and improve outcomes:



¹ Data from intake to most recent reassessment for individuals served in the CCBHC program demonstrate that as of January 2020, clients have 61.6 percent reduction in hospitalization and 62.1 percent reduction in Emergency Department (ED) visits. Additionally, the data demonstrates that 15.2 percent had an increase in employment or started going to school, 30.4 percent increase in mental health functioning in everyday life.

<https://www.samhsa.gov/sites/default/files/about?us/budget/fy-2-21-smhsa-cj.pdf>